



MIAMI-DADE BUSINESS ENTITY AFFIDAVITS

I, _____, being first duly sworn state:

The full legal name and business address of the person(s) or entity contracting or transacting business with Miami-Dade County are (Post Office addresses are not acceptable):

Federal Employer Identification Number (If none, Social Security Number)

Name of Entity, Individual(s), Partners, or Corporation

Doing Business As (If same as above, leave blank)

Street Address

City

State

Zip Code

I. MIAMI-DADE COUNTY OWNERSHIP DISCLOSURE AFFIDAVIT (Sec. 2-8.1 of the County Code)

1. If the contract or business transaction is with a corporation, the full legal name and business address shall be provided for each officer and director and each stockholder who holds directly or indirectly five percent (5%) or more of the corporation's stock. If the contract or business transaction is with a trust, the full legal name and address shall be provided for each trustee and each beneficiary. All such names and addresses are (Post Office addresses are not acceptable).

Full Legal Name	Address	Ownership
_____	_____	_____ %
_____	_____	_____ %
_____	_____	_____ %

2. The full legal names and business address of any other individual (other than subcontractors, materialmen, suppliers, laborers, or lenders) that have, or will have, any interest (legal, equitable beneficial or otherwise) in the contract or business transaction with Dade County are (Post Office addresses are not acceptable).

If "not applicable (N/A)" or "None", please indicate in space below.

II. MIAMI-DADE COUNTY EMPLOYMENT DISCLOSURE AFFIDAVIT - County Ordinance No. 90-133, amending Section 2.8-1(d)(2) of the County Code. The following information and attachments are provided and are in compliance with all items in the aforementioned Section:

1. Does your firm have a collective bargaining agreement with its employees? ☐ Yes ☐ No
2. Does your firm provide paid health care benefits for its employees? ☐ Yes ☐ No
3. Provide a current breakdown (number of persons) of your firm's work force and ownership as to race, national origin and gender:

White:	_____	Males	_____	Females	Asian:	_____	Males	_____	Females
Black:	_____	Males	_____	Females	Native American:	_____	Males	_____	Females
Hispanics:	_____	Males	_____	Females	Alaskan Natives:	_____	Males	_____	Females
_____:	_____	Males	_____	Females	_____:	_____	Males	_____	Females

III. MIAMI-DADE EMPLOYMENT DRUG-FREE WORKPLACE AFFIDAVIT

Section 2-8.1.2(b) of the County Code.

That in compliance with Ordinance No. 92-15 of the Code of Miami-Dade County, the above named firm is providing a drug-free workplace. A written statement to each employee shall inform the employee about:

1. Danger of drug abuse in the workplace
2. The firms' policy of maintaining a drug-free environment at all workplaces
3. Availability of drug counseling, rehabilitation and employee assistance programs
4. Penalties that may be imposed upon employees for drug abuse violations

The firm shall also require an employee to sign a statement, as a condition of employment that the employee will abide by the terms of the drug-free workplace policy and notify the employer of any criminal drug conviction occurring no later than five (5) days after receiving notice of such conviction and impose appropriate personnel action against the employee up to and including termination.

IV. DISABILITY NONDISCRIMINATION AFFIDAVIT

Miami-Dade County Resolution R-385-95.

I, being duly sworn, state that this firm, is in compliance with and agrees to continue to comply with, and assure that any subcontractor, or third party contractor shall comply with all applicable requirements of the laws listed below including, but not limited to, those provisions pertaining to employment, provision of programs and services, transportation, communications, access to facilities, renovations, and new construction.

1. The American with Disabilities Act of 1990 (ADA), Pub. L. 101-336, 104 Stat 327, 42 U.S.C. Sections 225 and 611 including Titles I, II, III, IV and V.
2. The Rehabilitation Act of 1973, 29 U.S.C. Section 794
3. The Federal Transit Act, as amended 49 U.S.C. Section 1612
4. The Fair Housing Act as amended, 42 U.S.C. Section 3601-3631

V. MIAMI-DADE COUNTY DEBARMENT DISCLOSURE AFFIDAVIT

Section 10.38 of the County Code.

I, being duly sworn, confirm that none of this firm's agents, officers, principals, stockholders, subcontractors or their affiliates are debarred by Miami-Dade County.

VI. MIAMI-DADE COUNTY COLLECTION OF TAXES, FEES AND PARKING TICKETS AFFIDAVIT Section 2-8.1(C) of the County Code.

I, being duly sworn, confirm that all delinquent and currently due fees or taxes (including, but not limited to, real and personal property taxes, convention and tourist development taxes, utility taxes, and occupational license taxes) collected in the normal course by the Miami-Dade County Tax Collector and County issued parking tickets for vehicles registered in the name of the above firm, have been paid.

VII. MIAMI-DADE COUNTY CODE OF BUSINESS ETHICS AFFIDAVIT

Sections 2-8.1(i) and 2-11(b)(1) of the County Code.

I, being duly sworn, confirm that this firm has adopted a Code of business ethics which complies with the requirements of Sections 2-8.1 of the County Code, and that such code of business ethics shall apply to all business that this firm does with the County and shall, at a minimum, require the contractor to comply with all applicable governmental rules and regulations.

VIII. CURRENT STATUS OF OBLIGATIONS TO THE COUNTY

Section 2-8.1 of the County Code.

I, being duly sworn, confirm that this firm complies with Section 2-8.1, which requires that no individual or entity who is in arrears in any payment under a contract, promissory note or other document with the County shall be allowed to receive any new business.

IX. FAMILY LEAVE

I being duly sworn, confirm that if applicable, this firm complies with Section 11A-30 of the County Code, which requires that firms contracting business with Miami-Dade County which have more than fifty (50) employees for each working day during each of twenty (20) or more work weeks in the current or preceding calendar year are required to certify that they provide family leave to their employees. Firms with less than the number of employees indicated above are exempt from this requirement, but must indicate by letter signed by an authorized agent) that it does not have the minimum number of employees required by the County Code.

X. LIVING WAGE

I being duly sworn, confirm that if applicable, this firm complies with Section 2-8.9 of the County Code, which requires that all applicable contractors entering a contract with County shall agree to pay the prevailing living wage required by the section of the County Code.

XI. DOMESTIC LEAVE

I being duly sworn, confirm that if applicable, this firm complies with 11A-60 of the County Code, which requires that firms wishing to transact business with the County must certify that it is in compliance with the Domestic Leave Ordinance. This ordinance applies to employers that have, in the regular course of business, fifty (50) or more employees working in Miami-Dade County for each working day during current or preceding calendar year.

NOTE

BY SIGNING AND NOTARIZING THIS PAGE YOU ARE ATTESTING TO AFFIDAVITS I THRU XI, PAGES 6, 7, 8, AND 9 OF THIS APPLICATION.

IT IS THE VENDOR'S RESPONSIBILITY TO COMPLY WITH AND KEEP CURRENT ALL STATEMENTS SWORN TO IN THE ABOVE AFFIDAVITS.

By: _____
(Signature of Affiant) (Date)

(Printed Name of Affiant and Title) / - / / / / / / / /
(Federal Employer Identification Number)

(Name of Firm) _____
(Address of Firm)

SUBSCRIBED AND SWORN TO (or affirmed) before me this _____ day of _____, 20 ____ .

by _____ . He/She is personally known to me or has presented

_____ as identification.
(Type of Identification)

(Signature of Notary) (Serial Number)

(Print or Stamp of Notary) (Expiration Date)

Notary Public - State of _____
(State)

Notary Seal